

Department of Human Services

Prepared by the
DHS Office of
Communications
(517) 373-7394



Articles in Today's Clips Monday, January 14, 2008

(Be sure to maximize your screen to read your clips)

<u>TOPIC</u>	<u>PAGE</u>
Child Abuse/Neglect/Protection	2-3
Adoption	4-5
Juvenile Justice	6-7
Domestic Violence	8-10
Food Assistance	11-12
Homelessness	13
Health Care	14-27
DHS Employees	28-29

*Important story at this spot



Gaylord Community Schools; 1st-grader sent home instead of to latchkey

By Michael Jones, Staff Writer

GAYLORD — The parent of another young student at South Maple Elementary School stepped forward Monday to report she had discovered her child missing from the school only two days before a kindergartner at the same school mistakenly was removed from a bus and directed to walk home, which was more than eight miles away.

Tracy Dexter, in a letter to the editor which she also faxed to Gaylord Community Schools Supt. Cheryl Wojtas, said she “deeply regretted” not speaking up sooner and bringing the incident involving her first-grade son to the attention of others.

(See school's response in related story.)

Dexter said when she stopped to pick her son up from Maple's after school latchkey program on Dec. 18, the week before Christmas, she was told he wasn't there.

After several phone calls the panic-stricken mother discovered her son was home alone and safe following an unscheduled bus ride. Somehow, Dexter said, her son had been sent home on the school bus rather than being sent to the after-school latchkey program he had been attending on Tuesdays and Wednesdays since November.

Two days later, a kindergartner was taken off of his school bus and told his mother had called to say he was to walk home from school. Dexter learned of that incident after reading an article in Saturday's Herald Times detailing the mistake. Jenny Smoker's son has the same name — first and last — as an older Maple School student and the mix-up wasn't discovered until her son failed to get off the bus with his brothers after arriving at Smokers' home, near Michaywé. Once the mistake was realized, police were called and GCS officials began searching for the child. He was found walking near Kmart and accepted a ride from a school official.

“I feel in general, based on these individual incidents, that the school is not looking at the whole broad picture,” Dexter said. “Either the policies are not being enforced or there isn't an adequate policy in place,” she remarked in a telephone interview Tuesday. “If there are problems I would hope other parents would come forward with their concerns so we can see to it that it doesn't happen in the future.”

In her letter (see complete text on p. A4), Dexter wrote, “I deeply regret not speaking up sooner. I trusted that the administration of South Maple School had taken my experience seriously, and for that I sincerely apologize to the Smoker family. Although the circumstances of the two incidents are very different, the similarities cannot be ignored. Both boys are South Maple students. Both boys were placed in a potentially harmful situation by the adults we trust our children to every day. Both incidents happened within the same week.”

On Tuesday, Dexter added, “This is not a personal issue. I don't want to see anyone fired or anything like that. Let's not point fingers, but this is something we have to take seriously. We have to do it to make sure our kids are safe,” Dexter said. “I just pray that these were isolated incidents.”

According to Dexter, her son's teacher explained the mix-up the following day as being an oversight on her part. “I understood her mistake and I had talked to her and Mr. Reichard (Maple School principal) and was satisfied at what I felt was a ‘comedy of errors’ if it hadn't been so serious.

“What I want to know, though, is why they (latchkey staff) didn't realize right away that he should have been at latchkey,” said Dexter. “I should have been informed immediately that he was not there. We probably could have found him while he was still on the bus and he wouldn't have gone home to an empty house.”

Dexter said a note is supposed to be sent from the school office to latch key staff if there are any changes in the student's after-school care plans. In this instance, Dexter said there was no need for a note and latchkey providers should have noticed something wasn't right when her son failed to show up for the after-school program that afternoon.

Although Dexter said everything she has heard about South Maple and the latchkey program has been positive, since the incident she has withdrawn her son from the program and has arranged for private after-school care.



Officials provide SleepSacks to newborns

Health officials and educators are collaborating to help mothers of newborns keep their little ones healthy and prosperous.

Mercy Hospital Grayling, the Crawford AuSable School District, District Health Department #10 and the Crawford, Oscoda, Ogemaw and Roscommon Intermediate School District (COOR) have joined together to "deliver" the SleepSack project to the community.

The SleepSack project was "born" at an Early On council meeting, where the idea was presented by Lisa Burmeister, social worker for the District Health Department #10.

Her plan is to utilize the SleepSacks to teach parents about Sudden Infant Death Syndrome (SIDS) and swaddling, just one of the techniques explained in Dr. Harvey Karp's book, "Happiest Baby on the Block," which offers parents specific strategies on calming and comforting their babies.

A SleepSack is a sleeveless, legless and enclosed blanket that is zipped up around a child to keep them warm while they sleep in their cribs. Use of the SleepSacks allows parents to avoid using traditional blankets and other bedding that can cause a child to suffocate or overheat, Burmeister said.

Every family that delivers a baby at Mercy Hospital Grayling receives a SleepSack and educational information.

The SleepSacks, provided by the school district, are printed with the logo "Back is Best" and visual instructions on how to swaddle the baby.

"We are committed to nurturing our newest citizens and keeping them safe, and we are excited to be able to provide this additional resource to families," said Michele Cochrane, the Early On coordinator from C.O.O.R.

According to Burmeister, studies have shown that SIDS deaths have decreased as much as 50 percent since the initiation of the "Back to Sleep" campaign. Mothers working with Burmeister receive the blankets and education in their eighth month of pregnancy.

Upon delivery, the information is reviewed as part of their post partum education under the direction of Nancy Wheaton, the leader for the Maternal and Newborn Center at Mercy Hospital Grayling.

All other mothers delivering at Mercy Hospital Grayling receive their SleepSacks and educational information during the post partum education process.

Mary Hawley, a mother of four, recently received a blanket for her new baby girl, Renee.

"I loved it," Hawley said. "She slept for four hours straight when using it and she still likes sleeping in it. It is easier to use than a blanket."

The Early On Council includes a group of educators, health officials and day care providers who meet monthly to discuss ideas and resources that can be provided to children from the time they are born until they go to school.

"Through this partnership with parents and our community, we are "Growing to Greatness" and are committed to early learning opportunities," said Karyn Rauch-Smock, coordinator for the SleepSack project and a preschool teacher at the AuSable Primary School.

Joe Powers, the superintendent for the Crawford AuSable School District, said school officials are pleased to be able to support parents and their newborn children.

"It is a priority of the Crawford AuSable School District to support learning from birth and create partnerships with parents, thus leading to higher student achievement in school," Powers said.

If you delivered outside of the Grayling area, and would like more information on how to obtain this educational information and a SleepSack, please call the Maternal and Infant Health program at 348-7800 and ask for Burmeister.

This is a printer friendly version of an article from **battlecreekenquirer.com**
To print this article open the file menu and choose Print.

[Back](#)

Article published Jan 14, 2008

'They need much more than love'

Trace Christenson

The Enquirer

Love won't wipe away the scars of children who need parents, an adoptive mother said Sunday.

"Love and stability can change everything," Debbie Reeves of Battle Creek said. "But they will not be totally unscarred. It is going to follow them."

Three years ago, Reeves, 40, and her husband, Pat, 43, already with two grown children, adopted three brothers from Kalamazoo, who had been taken by the state from their mother because of her neglect.

The oldest, Jerome, now 7, has Fetal Alcohol Syndrome, Post Traumatic Stress Disorder and learning disabilities. Junius, now 6, has ADHD (Attention Deficit Hyperactivity Disorder) and Reactive Attachment Disorder, meaning he wouldn't initiate physical or emotional contact. James, now 4, was described by a case worker as a lump when he was placed with the Reeves. At 13 months he could not sit up, crawl or chatter and still has physical problems including allergies, asthma and tonsillitis.

Another potential challenge is the boys are black, and the Reeves are white.

"It's challenging," Reeves said. "It's not for the faint of heart."

For example, either she or her husband sat outside the kindergarten class for their oldest son or he would run away, thinking he had been left again.

Today, all three boys have made great progress, she said.

"And these boys came in and they were ours; these kids were our boys. There is nothing adopted about them."

Reeves talked about the decision to adopt children on Sunday during a program opening the Michigan Heart Gallery, a traveling portrait exhibit explaining the needs in Michigan for adoptive parents. The exhibit will be from 8 a.m. to 8 p.m. today through Friday and 10 a.m. to 2 p.m. Saturday at the First Congregational Church at 145 Capital Ave. NE.

The exhibit is a collaboration of First Congregational Church, St. Phillip Catholic Church, the Michigan Adoption Resource Exchange and Family and Children's Services, a private, nonprofit social services agency serving Barry, Calhoun and Kalamazoo counties and one of several that works with the State of Michigan to place children in foster care and adoption.

About 100 children are available for adoption in Battle Creek, according to Allen Brown, Chief Executive Officer of Family and Children's Services. For information, call 965-3247 in Battle Creek.

"This is not about encouraging someone to look at a child's portrait and say, 'Oh, I want to adopt that one,' believing love is enough," said Joanne Kraska, director of foster care and adoption with the agency. Many of them have experienced physical, emotional or sexual abuse or severe neglect and were born drug or alcohol exposed.

"They need much more than love."

Marvin Austin, project team leader for the Battle Creek Committee on Community Affairs, which has as the goal to

strengthen black families, said his organization is supporting efforts to adopt children, in part because a large percentage are minorities.

"You can judge how well our community is doing by how well our children are doing," he said. "We want to get the African American community more active in the adoption process."

Deanna Weld, 48, of Galesburg has adopted six children, most with special needs, and wants two more.

"It is a struggle sometimes," she said. "But the rewards are a lot more. Besides, even your birth children have issues."

Trace Christenson can be reached at 966-0685 or tchrist@battlecr.gannett.com.

Teen faces charges in death of Howell student

Posted by [Tom Tolen | The Ann Arbor News](#)

January 11, 2008 17:19PM

A 16-year old Howell High School student faces charges of negligent homicide and car theft in connection with a crash last fall that killed a classmate.

The crash occurred Nov. 26, when a 1998 Dodge Neon driven by 16-year-old Kayla Kuikahi-LaLonde of Howell went out of control and hit a tree on Bull Run Road at Coon Lake Road in Iosco Township.

The Livingston County Prosecutor's Office this week authorized juvenile court charges of negligent homicide and unlawfully driving away an automobile against Kuikahi-LaLonde.

Sarah Campanelli, also 16 and from Howell, was a rear-seat passenger on the side of the car that hit the tree. She was hospitalized in critical condition and died Dec. 24.

Three other teens, including Kuikahi-LaLonde, suffered non life-threatening injuries. None was wearing seat belts, and roads were snow-covered and slippery at the time.

Livingston County Sheriff Bob Bezotte said Friday he supports the felony charges.

"Obviously, it was not intentional, but it was negligent, she took the car without permission, it was her first winter driving - one of the first snows of the season - and the roads were bad," Bezotte said.

If convicted as a juvenile, Kuikahi-LaLonde could be held in a juvenile detention facility until she reaches the age of 21.

Bezotte said Kuikahi-LaLonde and the car owner were acquainted because they rode together to school each morning.

According to Bezotte, during school that day, Kuikahi-LaLonde told the car owner that she left her book in the owner's car and asked if she could have the keys to get it.

"The owner thought (Kuikahi-LaLonde) was going to retrieve her book and return the keys," Bezotte said. But, instead, Kuikahi-LaLonde and three friends left in the vehicle.

Bezotte said that with teenage drivers, the probability of injury increases greatly according to the number of passengers in a car. He cited statistics in which the chances of getting in a crash go up 36 percent with one passenger, 85 percent with two passengers and 282 percent with three or more.

Tom Tolen can be reached at ttolen@livingstoncommunitynews.com or at 810-844-2009.



Slain wife feared officer, friend says

Sunday, January 13, 2008

By John Tunison and John Agar

The Grand Rapids Press

HOLLAND -- To neighbors and fellow officers, Holland police Officer Ken DeKleine was almost perfect -- polite, sociable, a devoted Christian and good at his job.

But to his estranged wife, he had become a threatening presence, a friend and neighbor of Lori DeKleine said.

"I know she was scared of him and didn't want him in the house," said Victoria Paauwe, devastated after learning late Thursday that Lori De-

Kleine, 43, was found dead in her basement.

She was so concerned she had a personal protection order against her husband, a 13-year respected police veteran now facing a murder charge in a slaying that has stunned the community.

The order was supposed to keep him away, although Paauwe remembered one instance when he came too close to the Calvin Avenue home and police were called to the scene.

"This is just mind-blowing," Paauwe said. "I think there had been some pushing and shoving, but I never thought it would come to this."

Ken DeKleine, 44, was the father of two teens with his wife. He was to be arraigned Monday on an open murder charge in Holland District Court.

The news shocked former colleagues, who knew DeKleine as an easygoing cop who could defuse tough situations.

"If somebody would have ever said, 'Is Ken DeKleine even capable of something like that?' I'd have bet him a million dollars, no way," retired Sgt. Mark Bos said. "It's tragic. It's a shame.

"Now, we've got two teen-agers and no parents."

With 33 years in police work, Bos figured little could surprise him.

"I was just drained, unbelievable. This was just a tremendous shock," he said.

Lori DeKleine's body was discovered about 6:50 p.m. Thursday by her teenage son, Christopher, who called 911. Police investigated whether her death might be a suicide, but an autopsy and inconsistencies at the scene pointed at homicide.

Ken DeKleine was arrested late Friday. The cause of death was not released, and Ottawa County Medical Examiner David Start, who performed the autopsy, referred questions to police.

Relatives of the DeKleines were at the couple's home Saturday afternoon to collect clothes and other items for the children, Breanne and Christopher, both Holland Christian High School students. The DeKleines' home is across from Holland Heights Christian Reformed Church, where Lori worked as publications editor

and the couple still attended even while separated.

Family members declined comment.

A Holland Heights CRC elder said the congregation was in shock.

Brad Ward said both Lori and Ken were involved in youth and Sunday school programs.

"They were well-respected, a great family. There's a lot of grief right now," he said, asking the community to pray for the family.

Lori was a member of Focus Plus, a support group for attention-deficit disorder, served on the Holland Christian Schools Tuition Assistance Board and had been a teacher at Borculo Christian School.

Ken DeKleine moved out of the family's home sometime after December 2006, neighbor Victoria Paauwe said. She said she believed the personal protection order was issued the next summer.

"I don't think he wanted the divorce," said Paauwe, who also described Ken as a "nice guy" and the first person to greet her when she moved in 18 months ago.

Services for Lori DeKleine are 1 p.m. Monday at Holland Heights CRC, 836 E. Eighth St. Visitation is 2-4 p.m. and 7-9 p.m. today at the church.

Memorial contributions can be made to the DeKleine children's education fund.

Send e-mail to the author: jtunison@grpress.com

©2008 Grand Rapids Press

© 2008 Michigan Live. All Rights Reserved.



Violence prevention expert to receive honor

Monday, January 14, 2008

THE SAGINAW NEWS

MIDLAND -- Ken Mault, founder of the Gang and Violence Prevention Partnership, is receiving honors for helping to end violence among young people in the Midland area.

The Midland Board of Education member will receive this year's Healing the Hurt award from the Council on Domestic Violence and Sexual Assault, serving Midland and Gladwin counties, and MidMichigan Medical Center-Midland.

One of the many Gang and Violence Prevention Partnership's activities is the Week of Nonviolence, which engages school-age children in Midland County in a week-long campaign that addresses youth violence.

Mault also has overseen communitywide school and law enforcement training that emphasizes community preparedness for a school emergency -- an effort that contributed to the effective handling of a March shooting in the parking lot of Dow High School.

The Healing the Hurt award goes to a leader who has had an impact on violence survivors, improved responses to domestic and sexual assault, helped prevent violence and improved safety for survivors.

Mault will receive the award during a dessert reception at 3:30 p.m. Thursday. The event, open to the public, takes place at Towsley Auditorium, 4005 Orchard in Midland.

For more information, call Shelterhouse, 835-6771. v

©2008 Saginaw News

© 2008 Michigan Live. All Rights Reserved.



Food Bank sets fund-raising goal higher after successful campaign

FLINT

THE FLINT JOURNAL FIRST EDITION

Monday, January 14, 2008

By Holly Klaft

hklaft@flintjournal.com • 810.766.6249

FLINT - The Food Bank of Eastern Michigan's Face of Hunger Holiday Campaign is still setting records and has already surpassed last year's fundraising total, officials said.

The Flint-based nonprofit has racked up about \$640,000 in funds from the campaign so far, which is about \$8,000 more than last year's total, said food bank President Bill Kerr.

Donations are still trickling in and Kerr said he expects a final amount to be tallied in coming weeks.

He said there's no doubt the organization will reach its goal of \$662,000.

That would continue the food bank's trend of meeting or exceeding the goals of its campaigns, which it has held for more than a decade.

"The holiday campaign has done really well," he said. "There's every indication that we will surpass last year and make our goal. (It's) very attainable."

Donations received from envelopes inserted in The Flint Journal topped \$102,000, Kerr said.

An anonymous donor also contributed \$100,000 to the organization, which was not included in campaign numbers, Kerr said.

"It's the largest year we've ever had," he said. "We've blown away our best year ever."

The organization's past successes and the growing community need spurred the food bank to set its campaign goal \$30,000 higher than last year's total of \$632,000.

Food distribution numbers for 2007 were not available, but Kerr said he expects to exceed 17 million pounds.

About 15 million pounds of food had been distributed to the organization's nearly 400 partner agencies by early December.

"This year is going to be a real test on the food bank," Kerr said. "We've just experienced the largest distribution we've ever had and I don't anticipate 2008 being any smaller."

QUICK TAKE

How to donate

Donations can be made to the Food Bank of Eastern Michigan year-round by visiting www.fbem.org/support.htm or by mailing them to 2312 Lapeer Road Flint, MI 48503.

Published January 14, 2008
[From Lansing State Journal]

Dozier: Garden Project taking applications for 2008

The Garden Project, a program of the Greater Lansing Food Bank, is accepting applications from groups in the Lansing area interested in starting their own community gardens. Projects may be eligible to receive tilling, seeds, plants, supplies, educational assistance and more.

If your group is interested, contact The Garden Project at 887-4660 or by e-mail at gardenproject@ingham.org.

Group gardens provide an opportunity to grow your own healthy food, and nourish cooperation and a sense of unity among community members. Your garden will increase the natural beauty of your neighborhood, as well as create opportunities for recreation, exercise, therapy and education.

If you're interested in gardening at one of the project's existing garden sites, now is also the time to get on the mailing list for spring 2008 gardener registration. Call or e-mail now - The Garden Project is waiting to hear from you.

For more information, contact Gabriel Biber at 887-4660.



Homeless shelter plagued by thefts

BY SHERI McWHIRTER

smcwhirter@record-eagle.com

—

GAYLORD -- A second case of embezzlement surfaced at a homeless shelter in Gaylord.

Michigan State Police on Friday arrested Jetre Archie Ormsbee, 54, of Gaylord, after he turned himself in on a misdemeanor embezzlement charge for an alleged theft of \$700 from the Friendship Shelter.

"It involves the removal and sale of cars and not returning the money to the shelter," said Detective Sgt. Kevin Day of the Michigan State Police post in Gaylord.

Documents from the 87th District Court show Ormsbee is charged with misdemeanor embezzlement. He is president of the Friendship Shelter's board and is free on \$200 bond.

Ormsbee's arraignment is set for Jan. 24. He did not return a reporter's calls seeking comment.

"To steal from an organization out there helping people makes it a bit more sinister," said Kyle Legel, Otsego County prosecutor.

Three vehicles formerly used at the shelter allegedly were sold at Ormsbee's automobile business between 2004 and 2006, but the proceeds were not returned.

Ormsbee since turned over the missing \$700 to the shelter, Day said.

Kathleen Arndt, the shelter's current executive director, could not be reached for comment.

Police learned of the alleged theft from Rhonda Berdan, the shelter's former executive director who last year was convicted for stealing from the shelter. She declined comment when contacted by the Record-Eagle.

The second round of embezzlement allegedly occurred during the time when Berdan was accused of stealing more than \$2,800 from the shelter. She pleaded guilty in February last year to felony attempted embezzlement in exchange for the dismissal of embezzlement charges.

Berdan spent 30 days in jail and will remain on probation for two years.

Two alleged instances of thefts from the homeless shelter caused concern in the community.

"I'm very disappointed," said Otsego County Sheriff Jim McBride, who also serves as a shelter board member.

He declined additional comment.

"The shelter needs all the money they can get because it's such a benefit to the community. I hope people don't stop giving to the shelter now," Day said.

The Friendship Shelter is along Old U.S. 27, about eight miles south of downtown Gaylord.



THE ANN ARBOR NEWS

Coalition seeks guaranteed health coverage

Petition proposes state constitutional amendment

Sunday, January 13, 2008

BY JOHN MULCAHY

The Ann Arbor News

A coalition of union, religious and civil rights groups, along with some individuals, is gathering signatures to put a constitutional amendment on the November ballot that would ensure every Michigan resident has health care coverage.

Richard Lichtenstein, a professor of health management and policy at the University of Michigan School of Public Health, is a member of the coalition.

Q. What is the main goal of the health care security ballot initiative?

A. The main goal is to bring this issue before the Michigan public, and the specific goal is to force the state Legislature to pass a bill that provides comprehensive and affordable health care to everyone in the state.

Q. The proposal leaves all the details to the Legislature, but what might be the main features of a desirable health care security plan?

A. I think there are two attributes that are essential in any plan that I would label as a reform. One is that we have to cover everyone, and second and just as important, we have to do cost containment. We have to make sure that rising costs don't cripple both the health care system and the state's economy any longer.

Q. Why are you seeking to make this a state constitutional amendment rather than just a specific plan?

A. There is actually language already in the (Michigan) Constitution that says that the state is responsible for the public's health, but that is so ambiguous that it's unenforceable.

So in the absence of any efforts by the state or the feds to enact a universal health plan, the idea here is to create a legally enforceable responsibility for the state Legislature to come up with some plan to cover everyone.

Q. Why are you taking the state-level approach rather than working for a national program?

A. Ideally, we would like the federal government to do this, but ideally doesn't always work.

People have talked about doing some kind of universal health coverage in the United States since the Roosevelt administration in 1935. There have been efforts during the Truman administration, the Carter administration, the Bill Clinton administration. They've never really gotten off the dime. So states have started to take the initiative. Probably the most notable is Massachusetts, where a universal health care bill was passed last year. There are similar bills in Vermont. They also are trying to pass a similar bill in California.

I guess my hope would be that if enough states start acting, this would impel the federal government to take action.

Q. Will any plan have to provide some kind of state-sponsored insurance for those who cannot afford private plans?

A. In the United States, 45 percent of all health care expenditures come from the public sector.

Those expenditures largely come through Medicare and Medicaid. The federal government provides care for veterans and for the Indian Health Service and for the armed services. So, the notion that we are going to ask the state to spend money on this is just a reorganization of the money that it already spends.

This is not envisioned as a state-run health plan. This is very much up to the Legislature. I guess we have to face the reality that the private sector just has not been able to cover everyone, so I think you do need some public intervention.

Our belief is that we spend enough money already on health care in this state so that we will not have to spend additional funds to cover everyone.

Q. You talked about cost containment. What kind of measures can be taken to do that?

A. Because we have so many different methods for insuring people, and because we have uninsured people, the system is very inefficient.

One way that we could economize is to have one, single payer, and that could be a private sector entity or a public sector entity. And because that program would set the rules and use one set of administrative features, we could cut the administrative costs enormously.

The other (method) has to do with the current way that we pay for uninsured people in the state. They are cared for in emergency rooms and in free clinics and other places. Those costs are basically transferred to other health insurance payers. So if we were able to fashion this so that we covered everyone, we could cut down on the costs.

Q. How do you plan to convince people this is a good idea?

A. One appeal is to ... middle class and higher-income people who currently have health insurance (and) need to understand that they are vulnerable to losing that insurance in a short period of time if their employer can no longer afford it.

The employers, I think, are already starting to get behind this because they realize that they can't be competitive in the world environment if their health care bills are so high.

I think the reason we have so many faith-based organizations involved is because I feel there is a moral aspect to this. When children don't get health care because they are uninsured, they do not have as good a chance to succeed in our society as healthy children do. We need to say that health care is a right and that we'll take care of everyone's health.

John Mulcahy can be reached at jmulcahy@annarbornews.com or 734-994-6858.

©2008 Ann Arbor News

© 2008 Michigan Live. All Rights Reserved.



Rethink push for health care

Sunday, January 13, 2008

LAST WEEK, SAGINAW

was a stopping-off point for

a traveling road show that wants guaranteed health care for every resident in the state.

A coalition of health care, faith, labor, medical and civil rights groups calling itself "Healthcare for Michigan" is pushing to put in the state Constitution an amendment requiring state leaders to draft a "health care security plan."

The coalition needs about 380,000 petition signatures by the end of July to put a proposal on the Nov. 4 ballot so residents can vote on it.

Here's exactly what it says: "The state Legislature shall pass laws to make sure that every Michigan resident has affordable and comprehensive health care coverage through a fair and cost-effective financing system. The Legislature is required to pass a plan that, through public or private measures, controls health care costs and provides for medically necessary preventative, primary, acute and chronic health care needs."

The Census Bureau says at least one-fifth of Saginaw County residents -- 40,000 -- have no or very little health insurance coverage. Statewide it's 11 percent -- more than 1 million -- and nationwide it's 6 percent, or 18 million

The coalition says it has no one health care model it's championing, but notes there are many worldwide that are better than what we've got now.

This is, honestly, altruism at its finest hour.

Nevertheless, a few practicalities need addressing.

Such as, how much will this cost? Who will pay for it? How? Will it take some kind of tax? Will people with health care coverage pay for it? What about those with no health insurance?

What's the cutoff income level for those who have just a little health insurance? What's the timeline for this amendment -- from here to eternity?

What do the insurance companies have to say? Is their participation mandatory? What about the doctors and hospitals? What kind of payment system to them is fair and acceptable?

Is there any thought about what kind of government bureaucracy this entitlement could create?

Mostly, though, the coalition is pinning the ultimate success of this proposal on the Legislature. This is the same Legislature that can't tie its own budget shoes. Remember the petty politics? The grandstanding? The delays, the four-hour government shutdown, the income tax increase and the business tax surcharge? The services tax on bronzed baby shoes?

This Legislature played piñata with its constituents, its commerce and its credit rating. And 2008 promises more of the same. Really now, given the modern history here does anyone actually think our lawmakers can come up with a workable and affordable health care plan?

Rather than mandating health care coverage constitutionally and working backwards, this kind of legislation needs to start with information input, public vetting and examples of successful solutions. Then move on to revenue sources, enrollment regulations and the myriad details that are sure to arise.

If the result is an acceptable model, then approve it.

The coalition's goal is a good one. It's just that its approach is way off target and too many questions remain unanswered.

©2008 Saginaw News

© 2008 Michigan Live. All Rights Reserved.



No health plan

Proposed ballot measure bad idea for worthy goal

FLINT

THE FLINT JOURNAL FIRST EDITION

Sunday, January 13, 2008

There is a wonderfully motivated movement afoot in Michigan that would guarantee health care to all residents. But like many government proposals, we look for the devil in the details, and unfortunately in this case there are almost no details to be found.

The Health Care Security Campaign has no plan for financing this potentially expensive measure, leaving the programmatic details to the governor and Legislature.

Yet it would constitutionally mandate an almost idyllic situation in which "every Michigan resident has affordable and comprehensive health care coverage through a fair and cost-effective financial system."

If the grass-roots group pushing this plan collects 380,000 valid signatures by July 1, Michigan voters would decide its fate in the Nov. 4 election. And they just might approve it, as the pitch, in effect, promises Christmas without the cost.

That said, there is no arguing against the goal of statewide health care. A broad program is needed more acutely every day with 1.1 million Michigan residents going uninsured.

Curing that ill could even prove quite an economic development incentive, as employers, especially small ones, find providing health care increasingly beyond their capacity.

Genesee County, perhaps more than any other in the state, understands how these issues relate, as voters here have actually agreed to tax their own property to support the Genesee Health Plan, raising more than \$11 million a year to help adults earning \$18,000 or less acquire basic coverage. This allows people to practice disease prevention with regular visits to doctors, rather than dealing with acute medical problems later in expensive hospital emergency rooms.

But that ballot proposal, adopted in November 2006, was well-designed, asking for a 1-mill levy to expand coverage of a program that provides office visits, generic prescriptions, some same-day surgeries and physical therapy for those not on Medicaid or Medicare.

State Rep. Brenda Clack, D-Flint, calls this a Band-Aid approach and too limited when it comes to catastrophic illnesses, which is undeniably true, even though the local experiment might prove to be a fine start toward something far closer to universal coverage.

Indeed, as a member of the Legislature, Clack could offer a bill that would extend health care to all and include a plan to pay for it. That's not what's asked here. The proposed ballot measure simply would place an onus on state leaders to devise something that presumably would require a tax increase or shifting revenues from education, prisons or other major priorities.

QUICK TAKE

Proposed health
care ballot wording

The state Legislature
shall pass

laws to make sure
that every

Michigan resident
has affordable

and comprehensive
health care

coverage through a
fair and costeffective

financial system. The

Legislature is
required to pass

a plan that, through
public and

private measures,
controls health

care costs and
provides for

medically necessary
preventive,

primary, acute and
chronic health

care needs.

Source: Healthcare
for Michigan

While the Health Care Security Campaign is forcing a deeper discussion of the health care crisis, the Michigan Constitution is not a vehicle for mandating programs and budgets. These are matters for the governor and lawmakers, who shouldn't be given an order to do something not knowing what it would entail.

Ballot Committee.

Therefore, we urge people not to sign this petition so that its backers might develop a better way to extend health care coverage to all, including a means to pay for it.

©2008 Flint Journal

© 2008 Michigan Live. All Rights Reserved.

FRIDAY, JANUARY 11, 2008

For universal health care, two states push big plans

By Daniel C. Vock, Stateline.org Staff Writer

What goes right and wrong this year with health reform efforts, especially those in Massachusetts and California, will be closely watched by whoever wins the presidency, state politicians, the health care industry and, of course, voters.

Massachusetts is center stage because its health coverage program is the most ambitious up-and-running initiative in the nation; it requires nearly all residents to get health insurance. California's sheer size — one in eight Americans live in the Golden State — means its health reform efforts will have an outsized impact on every American.



Order your [print](#) or [PDF](#) copy today.

Insurance snapshot of Massachusetts and California			
	Mass.	Calif.	U.S.
Population			
Total	6,328,346	35,973,138	296,056,836
Uninsured	620,128 (10%)	6,774,009 (19%)	46,994,627 (16%)
Health insurance coverage			
Employer	60%	49%	54%
Individual	4%	7%	5%
Medicaid	13%	16%	13%
Medicare	12%	9%	12%
Other public*	0%	1%	1%
Citizenship status			
Citizen	92%	83%	93%
Income**			
Median household income	\$56,236	\$53,770	\$46,071
State tax per capita	\$2,815	\$2,724	\$2,190

For both states, 2008 is a crucial year. The real teeth of implementing legislation adopted in Massachusetts in 2005 — penalties for laggard companies and workers — bite for the first time in April. The fate of California's proposals will likely come down to whether a ballot measure succeeds there in November.

Of course, the presidential election will intensify the scrutiny. In fact, two leading candidates helped elevate the issue on the national agenda. As Massachusetts governor, Republican presidential candidate Mitt Romney struck a deal with an overwhelmingly Democratic Legislature to make the Massachusetts program a reality. On the campaign trail, Romney has backed away from many central tenets of the initiative, but Democrats have borrowed heavily from the model he helped create.

Among the would-be copiers is U.S. Sen. Hillary Clinton (D-N.Y.). As first lady, Clinton led an ill-fated attempt in 1993-1994 to deliver universal coverage nationally. As a presidential contender, Clinton is resurrecting her effort. In doing so, she's taken a page from her husband's playbook for the 1992 election: The third major theme of Bill Clinton's initial bid — right behind the more famous "The economy, stupid" — was "Don't forget health care."

Ironically, California Gov. Arnold Schwarzenegger (R) has defended his ideas for a health care overhaul by stressing how similar it is to Hillary Clinton's proposal.

The Massachusetts model is getting a close look because it is bipartisan, comprehensive and relatively cheap. The program includes:

- A requirement for all residents to obtain coverage as long as it's "affordable."
- The creation of a new state agency, called the Commonwealth Connector, which lets residents use pre-tax income to buy their choice of private insurance.
- Expanded insurance subsidies for residents making less than three times the federal poverty level (roughly \$63,000 for a family of four).
- New penalties to punish employers that don't offer insurance.
- Overhauled insurance rules that now apply the same regulations to health insurance bought by individuals and coverage purchased by employers.

Federal tax per capita	\$11,003	\$8,326	\$8,508
Household employment status			
At least one full-time worker	71%	74%	74%
Only part-time workers	10%	7%	7%
No workers	19%	19%	19%

*Other public insurance coverage includes those covered under the military or Veterans Administration as well as some non-elderly Medicare enrollees.

**Income data based on U.S. Census Bureau's State Government Tax Collections: 2005

Sources: National Governors Association, Stateline.org reportingSource: Kaiser Family Foundation's Statehealthfacts.org based on U.S. Census Bureau's March 2006 and March 2007 Current Population studies

The state avoided a broad-based tax increase by using federal Medicaid money in a new way. Instead of heavily subsidizing hospitals serving poor patients — a practice the Bush administration questioned and threatened to curb — Massachusetts officials decided to use \$375 million per year of that money to help low-income residents buy private insurance.

By December, at least 290,000 Massachusetts residents had signed up for new health coverage. That's between half and two-thirds of the estimated number of uninsured in the state, and far more than enrolled under the reform efforts in the smaller states of Maine and Vermont.

"One of the key lessons from Massachusetts is that it is possible for a state to think big and to attempt to address the entire issue of the uninsured. Massachusetts has set an excellent example," said Vernon K. Smith, a principal for the consulting firm Health Management Associates.

Schwarzenegger has borrowed several ideas from Massachusetts, including the requirement that all residents get insurance. But the task of covering the uninsured will be far more difficult than in Massachusetts.

California, the nation's most-populous state, has the seventh-highest uninsured rate in the nation — nearly twice as high as in Massachusetts. In fact, the 6.8 million people without health insurance in California outnumber Massachusetts' entire population of 6.3 million.

Moreover, fewer than half of California's residents get insurance through their employers. And there's only one doctor for every 323 Californians, compared to one physician for every 193 Massachusetts residents.

"The California proposal is the boldest one yet. It is very significant because the scale of the problem is greater in California than almost anywhere," said Smith, a former Michigan Medicaid director.

As a Republican governor trying to win support from a Democratic Legislature, Schwarzenegger faces a similar situation to the one Romney faced in Massachusetts.

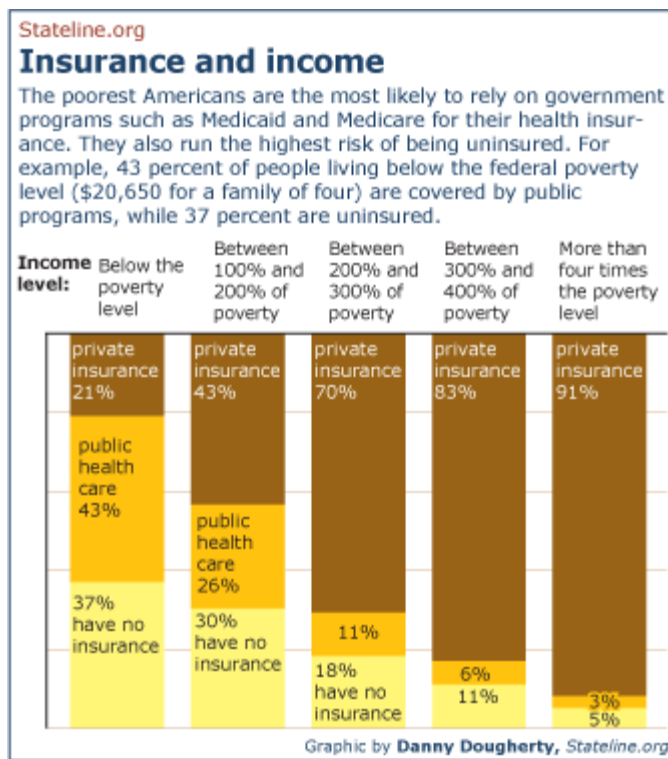
Major sticking points in the California negotiations included:

- Whether to impose a requirement on residents to buy insurance and, if so, what to do about people who can't afford coverage.
- Whether it's better to give lowermiddle- class workers tax breaks or subsidies to make insurance more affordable.
- How much to fine companies that refuse to offer insurance to their employees.
- Whether and how much to tax doctors and hospitals to raise money for subsidies.
- Whether to require insurance companies to issue coverage to individuals, regardless of their

age or preexisting medical conditions (a requirement Massachusetts had even before enacting the 2005 law).

- How to pay for the reforms, especially with the state facing a looming budget shortfall of up to \$14 billion. Schwarzenegger backed off his proposal to lease the state lottery to raise the money. House Democrats proposed a tobacco tax hike instead, among other revenue raisers.

Health care reform — especially covering the uninsured — is a hot topic in state capitols throughout the country. In fact, two-thirds of governors unveiled plans to cut the number of uninsured in 2007, Smith said.



Source: Kaiser Family Foundation, "Key Facts About Americans Without Health Insurance," October 2007

States are in a unique position to tackle the issue. They regulate health insurance for small businesses and individuals. They administer public programs, such as Medicaid and the State Children's Health Insurance Program (SCHIP) that together cover 63 million poor Americans. And their small size, compared to the federal government, often makes it easier for them to experiment.

Showing how divisive the issue remains in Washington, D.C., one of the biggest battles between President Bush and Congress (including many Republicans) last year involved SCHIP. Bush twice vetoed legislation that would have allowed states to cover an additional 4 million people under the program, arguing that it would discourage people from buying private insurance. In

December, Bush agreed to continue the program in its current form through March 2009.

The dispute was, in large part, fueled by states' aggressive efforts to reach out to more families.

Illinois and Pennsylvania now offer insurance for all kids; the amount their parents pay depends on their income. New Mexico covers kids 5 and under, and Connecticut offers insurance for all kids who are legal residents.

The issue of the uninsured continues to come up because 47 million Americans are now not covered, a number that keeps growing. Americans are losing coverage as premiums get more expensive and more employers, especially small businesses, stop offering health insurance.

Health care costs keep rising far faster than the rate of inflation, and have for decades. That means medical expenses gobble up more and more of the nation's economy, accounting for 16 percent of the country's gross domestic product, compared to 7.2 percent in 1970.

Many factors contribute to the skyrocketing costs. One of the chief contributors is the continual introduction of new, high-priced technology, which consumers demand even though they don't directly pay for the treatment, said Ted Frech, an economics professor at the University of California, Santa Barbara.

Another possible reason for the climbing costs — and one whose existence is a matter of dispute among researchers — is a practice called “defensive medicine,” in which doctors order extra tests and treatment to avoid lawsuits.

Of course, higher medical bills mean higher insurance rates.

A 2006 PriceWaterhouseCoopers study for the insurance industry attributed 43 percent of the cost of premium hikes to increased services. General inflation accounted for 27 percent of the increases, and price hikes for health services that outstripped inflation caused the remaining 30 percent, according to the report.

Another problem complicating efforts to reduce the number of uninsured Americans is that adults are more likely to be without coverage than kids, and adults are more expensive to insure. Nearly a third of adults younger than 30 don't have coverage, and 29 percent of childless adults between ages 30 and 39 go without — compared to 16 percent of the population as a whole.

But most state efforts to establish universal health care, such as those in California, Illinois, Pennsylvania and Wisconsin, ran aground in 2007. The whopping price tag of some proposals, measured in the billions of dollars, scared many lawmakers. Others feared government intrusion into private markets. Still others wanted better information and more time.

Meanwhile, the three states with plans in place — Maine, Vermont and, most famously, Massachusetts — have each run into snags as they try to translate high-minded rhetoric into everyday reality. But officials in those states remain confident their programs are working well.

In Massachusetts, the state took several steps to encourage the 10 percent of residents who are uninsured to comply with the mandatory insurance requirement that took effect in July 2007. It launched a media campaign to inform residents about the new requirement, with a special emphasis on those most likely to be uninsured: men in their mid-30s.

By December, more than 290,000 Massachusetts residents signed up for new coverage. Roughly 160,000 took advantage of the subsidized products, 70,000 enrolled in Medicaid and 60,000 bought private insurance specially designed to meet the new law, state officials said.

Those who still didn't get coverage by Dec. 31 will face financial penalties when they file their

2007 tax returns. Initially, they'll lose a personal exemption worth \$219. Later, the penalties will get steeper, up to half as much as it would cost to buy insurance.

The state won't penalize people who it determines can't afford the insurance they're offered, some 60,000 people in the program's first year.

Not every state can do exactly what Massachusetts did, but the path to universal coverage in any state would have some of the same components, said Enrique Martinez-Vidal, director of State Coverage Initiatives, a project to help states make health insurance available to more people.

To cover the poorest residents, states would have to beef up their public programs, such as Medicaid and SCHIP. That could be a costly proposition, especially for states that aren't starting with the same generous level of benefits Massachusetts offered even before it passed the reform law.

Working-class residents are likely to need some financial help to buy decent coverage, Martinez-Vidal said. But the politics of deciding who deserves subsidies and how generous their coverage should be is tricky, he said.

Another dicey political decision is what to do with the uninsured who can afford health insurance but choose not to buy it, he said.

Massachusetts decided to require residents to get coverage, just as it requires drivers to get auto insurance. But mandatory auto insurance laws don't guarantee universal coverage. The Heartland Institute points out that 15 states with such auto laws actually had a greater share of motorists driving without insurance in 2004 than residents going without health coverage.

Ed Haislmaier, a health care expert for the conservative Heritage Foundation and the chief proponent of the Massachusetts "connector," said the reason Bay State lawmakers were able to strike a deal is that they went beyond expanding public programs.

"If you're a governor who wants to do this — I don't care if you're Republican or Democrat — the first person you should start with is your insurance director, not your Medicaid director," he said.

Even people who don't have health insurance still get health care, primarily at hospitals, he said, so the first question to answer is who pays for their care now. In Massachusetts, a handful of hospitals received major federal support to cover the cost of treating the uninsured, so lawmakers redirected that money.

But in most states, Haislmaier cautioned, the answer is more complicated. Hospitals compensate for care they provide for free by raising their prices for everybody else. Insurance companies that pay the hospital bills pass on the extra cost to the businesses and individuals who buy their coverage.

Haislmaier said the sheer size of California makes the negotiating process far more difficult than in a smaller state like Massachusetts.

“California will probably be the last people to do transformative health reform,” he said. “There’s too many stakeholders, too many people, too much money, everything. In some of the smaller states, if you get the right 20 people in the room, you could do it if you really want it.”

The absence of a deal in California is not for lack of trying. State lawmakers have approved sweeping health care reform for four consecutive years, but none of the proposals made it into law, thanks to gubernatorial vetoes or the defeat of ballot initiatives.

Schwarzenegger promised progress during his January 2007 State of the State address to lawmakers.

“In the past, health care reform was always dead on arrival. But this year I can feel something different in the air. I can feel the energy, the momentum, the desire for action,” he said then. “Ladies and gentlemen, we will get this done.”

But by year’s end, a deal still was not in hand. In a major step, the governor and his Democratic allies in the state Assembly agreed in mid-December on a measure to require most Californians to have insurance starting in 2010. But they put off resolving how to fund their health reforms, and the state Senate was dragging its feet on taking up the package – much less embracing it.

Any compromise couldn’t take effect unless approved by voters anyway. The governor’s plan stalled because of Republican opposition to his proposed tax hikes to help cover the cost. He needed GOP support because tax increases in California must be approved by a two-thirds majority in both the Assembly and the Senate. Negotiations continue, but any final compromise will likely need to be approved by voters in November.

The fact that Schwarzenegger hadn’t secured a deal a year after vowing to get all Californians health care highlights how difficult such major overhauls can be politically. That doesn’t mean the interested parties are giving up hope.

Dietmar Grellmann, a senior vicepresident for the California Hospital Association, an early supporter of Schwarzenegger’s efforts, said the governor’s interest makes a breakthrough possible.

Schwarzenegger, a former movie star and body builder, used his considerable influence with the public to keep attention on the health insurance reform efforts, Grellman said. He also credited Schwarzenegger’s governing style of focusing on making big changes on big issues, because it kept pressure on lawmakers and interest groups to keep working on the ambitious proposal.

“If it had been any other governor or any other administration,” Grellman said, “we wouldn’t

have made it this far.”



Resident sues over access to documents

By VICTOR SKINNER

vskinner@record-eagle.com

BEULAH -- A Benzie County resident filed suit against the director of Michigan's Department of Human Services after the agency allegedly refused to properly release documents about an employee under investigation.

Eric VanDussen, of Beulah, alleges DHS violated the state's Freedom of Information Act when the agency allegedly withheld without adequate explanation public documents he requested on two occasions in 2007, according to the lawsuit filed Thursday.

VanDussen's documents request involved all DHS documents and communications about the department's lengthy investigation of Elaine Saffron, a state employee who has been on paid administrative leave since 2006.

"They are withholding those documents that they are receiving from other agencies that have already released them. Regardless of whether or not I could get them from these other agencies, they're still bound under the FOIA to produce them to me," VanDussen said. "I don't know how they can justify paying her to be on a permanent vacation while the Benzie County DHS is shorthanded and has been the whole time she has been on the paid suspension."

DHS spokeswoman Maureen Sorbet said the department hadn't been served with the lawsuit Friday and declined comment.

"We don't generally comment on pending litigation," she said.

Sorbet did not immediately provide figures on wages paid to Saffron while on leave, but said "we expect to have our investigation concluded by the end of this month."

Benzie County Prosecutor Anthony Cicchelli in July dropped two misdemeanor theft charges against Saffron, 49, for allegedly stealing a laptop computer from the county's government center. Those charges stemmed from a sheriff's department probe into a web of embezzlement at the center that also involved county employees.

Cicchelli said he decided not to prosecute because the case rested on allegations made by Saffron's estranged husband, whom he did not consider a credible witness.

Saffron declined comment Friday.

The lawsuit alleges "DHS utterly failed to even review the public records that (VanDussen) requested, separate the exempt and nonexempt material, and make the nonexempt material available for examination and copying."

VanDussen contends "it's their duty to redact that and provide the nonexempt portions if they are entitled to exemption at all. But they didn't do anything."

Copyright © 1999-2006 cnhi, inc.

Posted: 1-9-2008

Hispanic community's longtime advocate retires

By Allison Scarbrough

Herald-Journal Writer

HART — Penny Burillo has been a tireless advocate for the Hispanic community nearly her entire adult life. Now, after 30 years of employment with the State of Michigan, she is retiring from her longtime role as family independence specialist.

Burillo was honored recently during an open house at the Family Independence Agency (FIA) office that drew approximately 150 well wishers. “It was very gratifying,” Burillo said of the retirement gathering. She received a plaque from the State of Michigan for her many years of dedicated service as well as a letter from Governor Jennifer [Granholtz](#), praising her for her hard work. “I felt that people were here because I either touched their lives, or they touched mine.”